## **FORM RV-2** (Rev. 2019)

STATE OF HAWAII — DEPARTMENT OF TAXATION RENTAL MOTOR VEHICLE, TOUR VEHICLE, AND **CAR-SHARING VEHICLE SURCHARGE TAX** 

DO NOT WRITE IN THIS AREA

123-456-7890-01

Place QR Code Here

ATTACH CHECK OR MONEY ORDER HERE

**PERIOD ENDING** 

For periods beginning AFTER June 30, 2019

X	Place an "X"	in this box (	ONLY if this is an	AMENDED return
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(MM-YY)

1 2

HAWAII TAX I.D. NO. RV 1234 Last 4 digits of your FEIN or SSN **COLUMN A** COLUMN B **COLUMN C COLUMN D Car-Sharing Vehicle Rental Motor Vehicle** Tour Vehicle Surcharge Tax -Tour Vehicle Surcharge Tax -Surcharge Tax — Enter the Surcharge Tax Enter the Number of Tour Enter the Number of Tour Enter the Number of Motor Vehicles Carrying 26 or Number of Car-Sharing Vehicle Vehicles Carrying 8 - 25 Half-Hours Vehicle Days Passengers More Passengers OAHU DISTRICT 1 99999999999 99999999999 99999999999 99999999999 MAUI DISTRICT 2 99999999999 99999999999 99999999999 99999999999 HAWAII DISTRICT 3 99999999999 99999999999 99999999999 99999999999 KAUAI DISTRICT 4 99999999999 99999999999 99999999999 99999999999 TOTALS (Add lines 1 through 5 99999999999 4 of Columns A through D) 99999999999 99999999999 99999999999 **RATES** \$0.25 \$5 \$16 \$66 6 TAXES (Multiply line 5 by 7 00 99999999 00 00 99999999 line 6 of Columns A through D) 999999999. 99999999 TOTAL TAXES DUE. Add line 7, Columns A through D and enter result here. If you did not have 8 99999999 99 Amounts Assessed During the Period PENALTY 999999999.99 (For Amended Return ONLY) INTEREST 9 99999999.99 99999999 99 999999999. 99 10 999999999.99 11 12 999999999. 99 

If you are NOT submitting a payment with this return, enter "0.00" here. . . . . . . . . . DECLARATION: I declare, under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the

provisions of the Rental Motor Vehicle, Tour Vehicle, and Car-Sharing Vehicle Surcharge Tax Law and the rules issued thereunder.

**PENALTY** 

INTEREST

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IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

16. PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach a check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank to Form RV-2. Write "RV," the filing

period, your Hawaii Tax I.D. No., and your daytime phone number on your check or money order. Mail to: HAWAII DEPARTMENT OF TAXATION, P. O. Box 2430, Honolulu, HI 96804-2430.

13. ADDITIONAL TAXES DUE. Line 10 minus line 11 (For Amended Return ONLY). . .

15. TOTAL AMOUNT DUE AND PAYABLE. (Original Returns, add lines 10 and 14;

14. FOR LATE FILING ONLY →

	TITLEXXXXXXXXXXXX	12-12-19	(999) 999-9999
SIGNATURE	TITLE	DATE	DAYTIME PHONE NUMBER

FORM RV-2 (Rev. 2019) **80** 

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